

# STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

222843

### TRANSPORTATION COVER SHEET

#### DOCKET

NUMBER: 7010 - 113 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Metro One Ambulance

Telephone: 803-640-6886

Address: 4210 Columbia Rd 13B  
Martinez, GA 30907

Fax: 706-364-9457

Other: 706-799-5139

Email: clint@metro1ems.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

#### NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*JS*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 03/17/2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Metro One Ambulance ~~Service~~ Inc.

3905 W Beltline Blvd Ste 17 Columbia, SC 29204  
Street Address of Applicant

4210 Columbia Rd Ste 13B Martinez, GA 30907  
Mailing Address of Applicant if different from street address

706-364-9402  
Phone

706-364-9457  
Fax

jsarbin@metro1ems.com Clint@metro1ems.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Clint Steerman, C.E.O.

Rodney Love

512 Julia Ct

139 Wexhurst Rd

Grovetown, GA 30813

Columbia, SC 29212

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month MARCH Year 2010

### Assets:

Cash	177K
Receivables	50K
Real Estate	0
Buildings and Equipment (Net)	10K
Motor Vehicles (Net)	40K
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	10K
Prepays and Other Assets	0
<b>Total Assets</b>	<b>287K</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	31K
Notes Payable	0
Mortgages Payable	24,600 <sup>20</sup> years
Equipment Obligations	0
Accrued Salaries and Wages	229K <sup>year</sup>
Other Accrued Obligations <i>Insurance</i>	Worker's Comp 48K Liability 24K
Other Liabilities	0
<b>Total Liabilities</b>	<b>336,600 <sup>20</sup> years</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	

## PROPOSED RATES AND CHARGES FOR SERVICE


### Maximum Proposed Rates and Charges for Service are as follows:

0-3 miles	\$6.00	36-40 miles	\$40.00
4-6 miles	\$10.00	41-45 miles	\$50.00
7-10 miles	\$14.00	Over 45 miles	\$80.00
11-15 miles	\$18.00		
16-20 miles	\$24.00		
21-25 miles	\$30.00		
26-30 miles	\$32.00		
31-35 miles	\$34.00		

### Counties to be Served:

~~Richland~~

~~Lexington~~

Statewide 

### Maximum Number of Passengers per Vehicle:

6

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

National Casualty Company

Name of Motor Carrier

8877 North Gainey Center Drive, Scottsdale, Arizona 85258

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 2296

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

	Limits Quoted	
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5000

Kinghorn Insurance Company LLC

Name of Insurance Company

P.O. Box 1088, Beaufort, SC 29901

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/16/10  
Date

Kristen W.  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Metro One Ambulance, cluc.

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

## **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

RICHLAND/LEXINGTON

C. Steerman for METRO ONE EMS  
Applicant's Signature

I, Clint A. STEERMAN, C.E.O.  
Name of Applicant's Representative Title

of METRO ONE AMBULANCE,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

C. Steerman  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 18 day of March, 2010

Jacki Jones  
Notary Public

Commission Expires January 28, 2012



CERTIFIED TO BE A TRUE AND CORRECT  
AS TAKEN FROM AND COMPARED WITH  
ORIGINAL FILED IN THIS OFFICE

SECRETARY OF STATE OF SOUTH CAROLINA

South Carolina Secretary of State

Metro One Ambulance, Inc.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

- a. Robert B. McDonald  
Name  
3730 Washington Road, Suite B, Martinez, GA 30907  
Address  
Signature
- b.  
Name  
Address  
Signature
- c.  
Name  
Address  
Signature

7. I, Robert B. McDonald, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date April 1, 2008

Signature

Robert B. McDonald  
Type or Print Name

3730 Washington Road, Suite B  
Address

Martinez, Georgia 30907

(706) 651-0930  
Telephone Number